

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	lw	68504	9/27/00
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW		71090	11/18/00
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final Original	(0 2 1 3 4 5 )
01	12 25 29 31 32 33 34
02	22 26 02 03 04
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13	✓ ✓ ✓ ✓ ✓
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19	✓ ✓ ✓
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33	✓ ✓ ✓
34	✓ ✓ N
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38	✓
39	✓ ✓
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43	✓ ✓
44	✓ ✓ ✓
45	✓ ✓ ✓
46	✓ ✓ ✓
47	✓ ✓ ✓
48	✓ ✓ ✓
49	✓ ✓ ✓
50	✓ ✓ ✓

Claim	Date
Final Original	4
51	✓
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55	✓
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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